



OKLAHOMA NATIONAL GUARD
JOINT FORCE HEADQUARTERS
3501 MILITARY CIRCLE
OKLAHOMA CITY OK 73111-4398
(405) 228-5000 OR DSN 628-5000

NGOK-TAG

4 January 2010

MEMORANDUM FOR All State Employees

SUBJECT: Policy and Procedures on Equal Employment Opportunity (EEO) and Prevention of Sexual Harassment (POSH) For State Employees

1. References:

- a. Oklahoma Statute Title 74, Chapter 27A, and Section 840-2.9.
- b. Oklahoma Military Department (OMD) State Employee Handbook.
- c. OMD State Employee Grievance Policy and Procedure.
- d. OMD State Affirmative Action Plan.

2. The policy of the Oklahoma Military Department (OMD) is to provide equal employment opportunity for all OMD State employees (classified and unclassified) and/or applicants for employment. OMD State employees and applicants will not be subjected to illegal discrimination because of race, age, gender (not sexual harassment), sexual harassment, national origin, color, handicap condition (physical and/or mental), religion, or retaliation.

3. The OMD will provide a work environment free from all forms of illegal discrimination, including sexual harassment. My goal is to eliminate sexual harassment within the OMD. Sexual harassment infringes on an individual's right to a comfortable workplace and is a form of misconduct that undermines the integrity of our organization. Sexual harassment, and other forms of harassment, creates a hostile work environment. I will not tolerate those who subject OMD State employees to sexual overtures or conduct, verbal or physical, overt or subtle. The use of excessive profanity is also a form of sexual harassment and is not acceptable behavior by professionals. Offensive language can result in a sexual harassment complaint and cause embarrassment for you, your family, and the OMD.

4. I am fully committed to a strong EEO program within the OMD. Leadership, supervisors, and managers at all levels will be held accountable and responsible for the work environment under their control; to include the spreading of rumors and gossip. The fair, equitable, and non-discriminatory treatment of all OMD State employees and applicants improves morale and productivity, fosters cohesion and readiness, and increases the overall effectiveness of the OMD.

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5. Leadership, supervisors and managers at all levels are responsible for informing OMD State employees and applicants of the procedure and process for filing an EEO complaint; to include sexual harassment. The State Resource Management Office (NGOK-SRM), the State Oversight Officer, the State Equal Employment Manager (SEEM), and/or the assigned EEO Counselor is available to provide assistance to the complainant, and to leadership, supervisors, and managers regarding the EEO complaint process. The enclosed diagram (State Complaint Process for EEO and Sexual Harassment) outlines the procedure and process of filing an EEO complaint. Complainants must complete **Internal Agency Grievance Resolution Form (MPC Form 900_dated 11/99)**, which is enclosed, to file an illegal discrimination complaint.

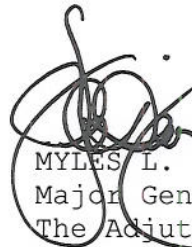
6. It is the goal of the OMD to resolve and settle all complaints and allegations of illegal discrimination fairly, equitably, and expeditiously at the lowest level possible. It is also my goal to eliminate sexual harassment within the OMD.

7. This policy applies both on and off duty.

8. Together, we can strengthen our efforts to maintain the quality and integrity of the OMD in these challenging times.

9. The point of contact is CW5 Ronald G. Petty, SEEM. Phone numbers for the SEEM are (405) 228-5274 or DSN 628-5274. The FAX number is (405) 606-7360.

Encls
as



MYLES L. DEERING
Major General, OKARNG
The Adjutant General

STATE COMPLAINT PROCESS

EEO and Sexual Harassment



Make an informal complaint. Report inappropriate behavior without initiating a full investigation. This may be most appropriate for minor infractions when the victim simply wants the behavior stopped.

**If You
Are The
Victim**

Call the State Equal Employment Manager (SEEM) to clarify whether an incident or behavior qualifies as illegal discrimination.
405-228-5274

**If Behavior
Persists**

File a formal written complaint on MPC Form 900 (11/99). Complaints must be filed within 20 calendar days of the incident. Complaints made after 20 calendar days may be pursued at the discretion of the Director of NGOK-SRM.

PRIMARY OR SECONDARY SUPERVISOR	OVERSIGHT OFFICER	SEEM	DIRECTOR NGOK-SRM	Director, Joint Staff	TAG	MPC or OPM	EEOC
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**3
DAYS**

Complaints must be acted upon within three calendar days. Complaints filed against a member of the Supervisory Chain of Command will be referred to the next higher supervisor. All formal complaints will be reported within 72 hours to the Director of NGOK-SRM. Supervisors must provide a progress report to the Director of NGOK-SRM 20 days after the date on which the investigation commenced.

**45
DAYS**

The appointed Investigating Official (IO) has 45 calendar days to investigate the allegations. The IO will meet with the complainant, witnesses, and the Alleged Discriminating Official (ADO) to discuss the allegations and attempt to resolve the complaint. A 15-day extension may be granted by TAG if circumstances require it. The complainant and TAG may agree upon another extension of 30-days for good cause. Any extension shall be agreed to in writing and include reasons for the extension.

**20
DAYS**

The complainant has 20 calendar days to file an appeal if he or she is dissatisfied with the results of the investigation. Classified employees may appeal to the Merit Protection Commission (MPC). Unclassified employees may appeal to TAG. Filing an appeal is the responsibility of the complainant. If the complainant is dissatisfied with the appeal he or she may file with the EEOC.

**30-45
DAYS**

30 to 45 days after final decision of the formal complaint (substantiated and unsubstantiated), an assessment is conducted by the State Oversight Officer and/or the State Equal Employment Manager to determine the effectiveness of any corrective actions taken and to detect and deter any incidents of reprisal. Reports and recommendations are submitted to the Director of NGOK-SRM and/or TAG.

INTERNAL AGENCY GRIEVANCE RESOLUTION FORM

<p style="text-align: center;">INSTRUCTIONS FOR COMPLETION</p> <p>You must complete both sides of this form and file it with your agency grievance manager:</p> <ul style="list-style-type: none"> Please print or type Submit the original and attach any relevant documents Do not submit documents which you want returned For further information on the internal agency grievance resolution procedure see Title 74 O.S. § 840-6.2 (841.9), Subchapter 19 of the Oklahoma Merit Protection Commission Merit Rules and the agency internal agency grievance resolution procedure 	<p style="text-align: center;">FOR AGENCY USE ONLY</p> <p>AGENCY GRIEVANCE NUMBER:</p>
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NAME (Last, First, Middle Initial)	
SOCIAL SECURITY NUMBER	
ADDRESS (Street Number, P.O. Box, State, Zip Code)	
WORK TELEPHONE ()	HOME TELEPHONE ()
JOB FAMILY DESCRIPTOR CODE	JOB FAMILY DESCRIPTOR TITLE
PAY BAND	CLASSIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
REPRESENTATIVE (Name, Address and Telephone Number)	
SPOKESPERSON - FOR GROUP GRIEVANCES ONLY (Name, Address and Telephone Number)	
<p>I believe the following provisions of the Oklahoma Personnel Act, Merit Rules or other agency policy, procedure or rules has been violated:</p> <p>_____</p> <p>_____</p>	
<p>BRIEFLY DESCRIBE ACTIONS TAKEN WITH YOUR SUPERVISOR TO RESOLVE THIS DISPUTE INFORMALLY - INCLUDE THE NAME OF THE SUPERVISOR AND THE DATE OF THE DISCUSSION</p> <p>Name of Supervisor _____ Date _____</p>	

REASON FOR GRIEVANCE (Be specific as to the reason you are filing this grievance and include specific facts, names, dates, places, etc.)

REMEDY (Briefly state the remedy or relief you are seeking from this grievance)

Misrepresentation or falsification of this document is a violation of the Oklahoma Personnel Act.

I declare that I have read this grievance and the statements contained herein are true to the best of my knowledge and belief.

Signature of Employee _____ **Date** _____